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WHAT NURSES SHOULD KNOW ABOUT TREATMENT WITH SERUMS, VACCINES, TOXINS, AND PHYLACOGENS.

By MISS EMMA NIXON.

I have been requested to give you a general talk on serums, vaccines, toxins, and phylacogens. My plan is to arouse your interest and wonder in these marvellous therapeutic agents, point out some of the practical points of interest and value to our profession, and give a few reasons why we should take up the serious, intelligent, consecutive study of these new remedies.

Bacteriology, that wonderfully fascinating branch of the science and art of medicine, now embraces a vast fund of information that has been accumulating for many years, but it is only within the last twenty years that the application of these facts and discoveries has been made in the prevention and cure of disease. First came vaccine virus; then anti-diphtheric serum, with both of which you have long been familiar. Soon came other sera vaccines, and quite recently the phylacogens. Of these latter I will speak more in detail, as I have had greater experience with them.

In the last few months I have noticed a number of articles in the lay press, which indicate the extent to which observing lay writers have been impressed with the results obtained in the prevention and cure of disease by the use of bacterial derivatives. One article, entitled "The Struggle for Immunity," appeared in *Harper's Monthly*, December, 1911; another, equally interesting and well written, entitled "Our Struggle with Germs," was published in the *Literary Digest*, December, 1911.

The inference to be drawn from these is that the general public is already noticing, soon it will be interested, and before long it will demand to be treated with these remedies. If laymen are already acquiring a noticeable degree of confidence in the results that accrue from the use of the bacterial derivatives in the prevention and cure of disease, what must be the belief of the best-informed medical research workers? Naturally they are very conservative in expressing themselves on paper, but there is no doubt that many of these men believe it will be possible to cure pneumonia, typhoid, influenza, erysipelas, scar-

let fever, measles, whooping-cough, rheumatism, asthma, tuberculosis, and other acute and chronic infectious diseases.

Let me assure you that a cure with a bacterial derivative, especially a phylacogen, is a cure in the true sense of the word—in a large percentage of cases a mervollous cure; grave cases that are beyond the reach of ordinary methods are saved, severe cases are cured promptly, and ordinary and mild cases are cured so quickly as to be dramatic; relapses and complications occur but seldom, sequelæ are prevented, and the patient has been at the same time fortified against a number of morbid conditions due to bacteria.

What chance has the ordinary pharmaceutical agent against this class of remedies? Think it over. Personally, I have seen some most excellent cures obtained with the bacterial derivatives after all other approved, up-to-date methods have produced little or no improvement. I firmly believe that the next few years will show a universal adoption of the biologics in treatment of many acute and chronic diseases, so it seems reasonable to me to forecast that with this development the biologics will constitute at least 50 per cent. of the therapeutic agents used by doctors. The importance, therefore, of beginning early to learn something of the real facts concerning these preparations must be apparent to you all.

I urge all nurses to acquire a working knowledge, that they may intelligently co-operate with the physician when he is employing these wonderful therapeutic agents. I do not hesitate to say that less than 10 per cent. of the professional nurses know the nature of a serum, vaccine, toxin, and phylacogen. You may answer that these remedies are new; there is plenty of time. I grant they are new, but their use is growing so rapidly that their general employment by doctors is assured, and now is the time to begin getting acquainted with these preparations and learning their various features, that you may understand fully their rational application when these products come up for discussion in the regular routine of your professional duties.

Our profession is fully capable of acquiring a working knowledge of the practical points in the clinical use of these agents, and we should lose no time in doing so if we are to keep abreast of the new ideas and methods of treating disease. This means careful, well-directed, consecutive study. What is necessary for the nurse to know, and what is practical and easy for her to learn that she may intelligently serve the physician when he is treating a case with the bacterial derivatives?

First, the nature of these preparations. Serums are the liquid portion (remaining after the clot has separated) of the blood of animals, usually horses, that have been treated with gradually increased doses of bacterial toxins or attenuated or killed cultures of the organisms them-

selves. These preparations contain the protective substances developed in the blood of the animal so treated.

Bacterial vaccines, or bacterins, are suspensions in physiologic salt solution of pathogenic bacteria whose vitality has been destroyed by heat These preparations contain the dead germs themselves.

Toxins are products of pathogenic bacterial growth. These preparations contain the toxic substances generated by the germs during their life in artificial culture media.

The phylacogens are neither bacterial vaccines, toxins, nor sera as ordinarily understood. They are sterile aqueous solutions of the metabolic substances generated by bacteria grown in special artificial media. The bacteria, first killed, are then removed by filtration through porcelain. These preparations contain the substances developed by the germs during their life in artificial culture media. These are so modified by sterilization that they are non-toric. These phylacogens, of which there are several, show every indication of becoming by far the most valuable and most widely used of the bacterial derivatives. Their range of applicability is great, as there is no question that they have a place in the treatment of most of the acute and chronic infectious diseases.

Second, the feature of the container in which these are usually supplied.

The glass-sealed ampoule which needs to be broken open, and for which a sterile stopper needs to be provided in the event that only a part of the contents are used.

The rubber-stoppered glass ampoule, rendered hermetic with paraffin dipping; this is by far the most practical and convenient container, since with a little attention to antiseptic detail the rubber stopper can be easily removed and quite easily replaced, thus preserving the sterility of the contents and allowing their use at will. The syringe container is ideal when the contents are to be given at one dose.

Third, the methods of administration.

The hypodermatic method is the method commonly used for giving any serum, toxin, vaccine, or phylacogen. This is the most conservative.

The intramuscular is used but little, as this method is followed by more pain and danger of injecting directly into a blood vessel.

The intravenous is used by those who are expert in the use of bacterial derivatives. At this time the phylacogens and serums are the only preparations given by this method.

Fourth, that these preparations, when the dose is less than ½ c.c., may be admixed with normal salt solution to facilitate administration.

These and other points which the nurse unfamiliar with these preparations finds specially adapted and necessary for her individual needs can easily be compiled in a small book, which can be carried and referred to as occasion demands. Some of you may consider this application of

time and energy burdensome and impractical, but I can assure you that already there are those who see the increasing value and range of applicability of the biologics that are devoting their entire time and attention to this field of therapeutics.

In the several instances of which I have personal knowledge, opportunity for employment is never lacking, and the remuneration is very attractive.

I will now take up the consideration of the phylacogen, in the clinical application of which I have had the most experience, and because these should be of greater interest, inasmuch as it is in the clinical application of these remedies that the services of the professional nurse are more often required than with any other bacterial preparation.

These preparations were originated by Dr. A. F. Schafer, of Bakersfield, California.

DEFINITION.—The term phylacogen means a guard creator, and may be, as in the case of these phylacogens, inert in themselves, but which, on injection into animals, cause defensive products, probably proteids, to develop.

The principle upon which the use of these phylacogens is founded is the theory of multiple infections. This principle is supported by an professional endeavour.
extraordinary practical experience, supplemented by exhaustive and long-continued laboratory and clinical experimental work by Dr. Schafer.

Three facts are set forth by Dr. Schafer as the basis of this new therapy:—

First. Practically all acute and many of the chronic diseases are caused by the metabolic products of bacteria.

Second. The human subject is the host of micro-organisms that are pathologically latent, but capable of setting up a disease process under certain conditions.

Third. The growth of the infecting micro-organisms can be arrested and their effects neutralized by products derived from their development in artificial culture media.

SAFETY.—The degree of toxicity of the phylacogens has been carefully ascertained by means of experiments on animals. The results of these tests indicate that the minimum lethal dose for a 150-pound man is 645 c.c., an amount many times greater than the maximum prescribed dose of these preparations.

As these results apply to healthy animals, they cannot serve as a guide when using the phylacogens specifically, as in the treatment of typhoid fever or tuberculosis, when the size of the initial dose must be carefully considered and always be comparatively minute.

DETERIORATION.—These products deteriorate very slowly, and in so

doing simply become inactive; they do not develop any poisonous properties.

INDICATIONS.—The phylacogens are indicated in the following conditions, in all of which there is clinical evidence supporting the curative value of the remedies: Rheumatism, surgical infections, erysipelas, sequelæ of gonorrheal infections, pneumonia, typhoid fever, localized tubercular disease.

Others could be included in this list, but I wish to be conservative. This gives some idea of the wide range of use for these agents and the great possibility of nurses having to meet with them in the field of their

ADMINISTRATION.—Phylacogens are given subcutaneously for the most part, but may be given intravenously by those experienced in intravenous work. If subcutaneous method is used, the injection should be given under the skin and not beneath the superficial fascia, or muscle, the point of injection is preferably one where there is considerable loose skin, as at the insertion of the deltoid muscle, or in the back between the scapulæ.

The interval of doses is from eight to forty-eight hours, depending upon the judgment of physician.

The average dose is from 5 to 20 c.c. subcutaneously. One-half to 5 c.c. intravenously. More, if the judgment of the physician decides it necessary.

REACTION.—This is the feature that is important from the standpoint of the professional nurse; it is during the reaction that your services are required, and here is where previous knowledge, knowing what to expect, and preparedness, make your efforts many times more effective, both in serving your patients and co-operating with the doctor. The proper recognition, interpretation and recording of reaction symptoms has largely to do with the result which can be achieved in any given case, and as this work devolves upon the nurse, you will no doubt agree with me that thorough acquaintance with the reaction symptoms is very desirable.

SUBCUTANEOUS INJECTION.

LOCAL REACTION.—First, a sensation of fullness and burning followed in 6 to 24 hours by swelling, redness, pain, stiffness and numbness—these vary in intensity from slight to severe; if very severe the L. & O. compresses will effectually relieve. In a small percentage of cases there is no reaction.

GENERAL REACTION.—In 30 minutes to 6 hours there comes on a chilly sensation, which may merge into a distinct chill; patients may have headache, nausea, pain in the affected parts, general muscular pain and free sweating; temperature may rise 1 to 5 degrees, pulse may rise 10 to 50 beats per minute. In rare cases vomiting and diarrhœa occur, occasionally stomatitis, and in about 2 per cent. of the cases herpes

appears around the mouth; the lips crack and bleed. This may occur after the first dose, though usually it does not appear until after two or three doses have been given. Abdominal pain, severe nausea, repeated vomiting, purging, feeling of great depression, bodily weakness, severe prolonged chills are symptoms indicating too large and too frequent dosage, or accidental injection into a vein.

None of these symptoms are dangerous and all are transitory. They can easily be controlled by regulating the size and interval of dose.

Intravenous Injection.

Local Reaction.—There is no local reaction, unless faulty technique permits injection into the tissues around a vein or into the wall of the vein; this usually gives a very painful local reaction requiring local treatment with hot compresses to control it.

Rapid Injection.—Where phylacogen is injected into the vein too rapidly, it results, immediately, in pronounced circulatory disturbances, evidenced by a pinched expression, blueness of the lips, a slaty blue colour rapidly spreading over the face, and attended with disturbed heart action and a rapid, feeble, and at times intermittent pulse, and rapid shallow respiration. These symptoms will never appear if the injection into the vein be made very slowly, allowing from half to three minutes for doses varying from ½ to 10 c.c.

Reaction Symptoms.—Usually within 30 minutes after intravenous injection, the patient feels chilly, a sensation which rapidly becomes more pronounced. He will slip down into the bed, drawing the clothing close around the neck, turn over on his side, flex the thighs of the abdomen, and by this time he will be in a decided chill, which will become more and more pronounced until it assumes the proportions of a severe rigor.

The chill will be so violent at times that the movements of the patient will vigorously shake the bed. The chill usually lasts about 30 minutes, occasionally 60 minutes, and gradually passes off. Headache, nausea, vomiting, pain in the affected part, general pain in the muscles and joints, bowel movement may occur at this time, and more often than with the subcutaneous method. Later the patient becomes drowsy, breaks into a profuse perspiration and falls asleep. When symptoms described under too rapid injections come on at this time and show a tendency to persist, careful record should be made of them, the usual supportive measures instituted, external heat, internal and hypodermic stimulation, absolute quiet, and the attending physician notified.

Contra-Indications.

Subcutaneous Method.—There are no contra-indications to the subcutaneous method.

Intravenous Method.—Terminal cases, those of patients already dying; hopeless cases; cases with severe and dangerous cardiac involve-

ment; cases with pronounced arterio-sclerosis; chronic alcoholics, or those suffering from an acute attack of alcoholic tremens, should not be injected intravenously.

Here is where the nurse again has hard work cut out for her, as it is but natural that the physician will use new and wonderful curative agents to treat hopeless and terminal cases and dying patients in the effort to give them every chance, and with the idea of perhaps getting a wonderful cure. It is in these cases where every bit of strength, heat and heart action count for the patient, that the nurse needs to keep doing all the time and watching very closely. I have seen terminal cases, especially of acute infectious conditions, where for some hours after an injection, the careful use of the stethoscope was required to determine if the patient was actually alive; I have seen such cases get well. Physicians hear of these instances and try to duplicate them. Naturally the majority of such cases die; but those that do get well require very painstaking, skilful nursing, which means that the nurse must have confidence in the treatment, and this she cannot have unless she knows something about it.

AGE.—Age alone does not contra-indicate the use of phylacogens; infants and the very old stand properly adjusted doses very well. Dr. N. N. Brown, of Bakersfield, has given a man, 92 years of age, with lobar pneumonia, the pneumonia phylacogen intravenously, with a rapid cure. The patient went through his reaction, chill, etc., without any alarming symptoms developing.

PERMANENCE OF CURE.

The question of permanence of cure comes up with regard to chronic infectious conditions, and experience warrants the statement that it depends on the precise diagnosis of the actual cause of the condition, the patient's power of resistance, and sufficient treatment.

I have given you some practical points all based on the results of actual experience, which I trust have appealed to you as worthy of serious consideration and given you a measure of confidence in the present great value and the prospective greater value of the biologics and especially the phylacogens. In closing, I again urge you all to begin now acquiring definite, precise information on these remedies, that we may be prepared to adjust ourselves and our profession to the rapidly changing methods of therapeutics, and so keep abreast of the progress in a field in which the prospects for honour and gain to our profession are very alluring.—*The Pacific Coast Journal of Nursing.*

A DAY'S WORK

"Buzz!" went the telephone, and the factory nurse sprang to answer. It was about seven o'clock on a cold, wet morning. "Hello," said the superintendent's voice. "Is that you, Miss Smith?" "Yes." "Please go as soon as possible to Railway Street, No. X. They need you." "What is wrong?" But the superintendent had gone. The nurse turned and rapidly prepared to go to Railway Street. This street was the home of the foreign element of the city, and she suspected that during the night they had drunk not wisely but too well, and that as a consequence someone had come to some harm. After a hasty breakfast and a mad rush for a car, the nurse arrives at No. X. Here a wedding had been celebrated on the previous night. The bride, arrayed in the conventional finery of veil and orange blossoms, was bleary-eyed and stupid; the groom was one degree more stupid, and was decorated with a bleeding wound on the head. The guests were in various stages of inebriety, while filth, dirt, and every conceivable unsanitary condition stalked openly.

In a corner, almost lost in the general confusion, was a wee, dark-eyed, puny baby, slowly dying of pneumonia. Here surely was work enough for a nurse. Having found the mother of the tiny infant and having attended to the pressing needs of the child, the nurse took the slovenly woman through the house, pointing out the most obvious pest spots, and gave her five hours to clean up. The father, with tears in his eyes, promised to see that things were in better condition. "Very well, I'll come back, for then I can do some work." The nurse then hurried off to another case further along the street, where things were much the same, except that there were no remnants of a wedding. A few broken chairs, a bare floor, an antiquated stove, and on a piece of oilcloth without sufficient clothing to cover the poor little body was another baby dying from sheer neglect, its little body broken out in sores, and the life slowly ebbing away.

The nurse attended first to the child and sent the father to buy flannellette at a nearby store. Then, having wrapped the baby up in soft absorbent and bandages, she directed the mother how to cut and make the small garments, and promised to return in a few hours to see what progress had been made. All this takes much time, and the nurse realizes that she has barely time to attend to a dressing before attending to the wants of the "inner woman." Hurrying down a short side street she goes into a house. This house, though bare, has clean floors and a neat appearance. The burn on the Bulgarian's leg is progressing favorably, the dressing is done, grateful thanks is bestowed on the nurse, and she hurries into the next door to advise a convalescent patient to report for work on Monday. Then she boards a car and goes to lunch.

After lunch the nurse goes to the factory. Here are employed sixty or seventy girls. These girls are supplied with toilets, rest rooms, lunch rooms, and a small hospital, where any who are ill during work hours are cared for. The nurse inspects the condition of these rooms, investigates the supply of fresh air, light and heat, and the methods employed to keep these rooms attractive and sanitary. Any defects which are noticed are remedied if possible, and any suggestions which are offered as to bettering the surroundings of the girls are cheerfully listened to and quickly carried out. Before leaving the factory a visit is paid to the office of the General Superintendent. Here the nurse is always sure of a courteous and interested listener. The welfare of the employees, the betterment of their conditions, the improvement of their surroundings, the economical education of the foreigners are subjects which mean much to him, and he lends the weight of his influence to bring about ideal factory environment. Having reported her day's work, the nurse goes off to see how the house on Railway Street is standing the effects of the cleaning. Five hours had worked a transformation. Soap and water had been vigorously applied to floors, walls and furniture. Here was a place where it was possible to work and to work with results. The doctor was called in, the baby received the needed treatment, and in a week or two had proved again the survival of the fittest. The factory owners of this country are coming to realize that if the output of their factories is to be up to the standard, they cannot afford to have men laid aside for indefinite periods. Sometimes these men are injured in the discharge of their duties, sometimes they are incapacitated through their own indulgence, sometimes through their own carelessness; but whatever the cause, the results to the factory are the same—short-handed and lack of output. Recognizing this the managers of all large industrial concerns have aided as far as possible to keep their number of workmen constant, and in bringing this about the factory nurse plays a most important part, and fills a long-felt want. Her patients are for the most part grateful; they treat her with every respect and obey her orders as far as possible. She is as safe among them, even when the whole household is of foreign blood, as she would be among English-speaking people. And the relief she brings to those in pain, speaks to them in the language common to all humanity. These people may still suspect the altruistic motives of the superintendent and of the managers, but they know that the visit of the nurse means only good for them.

The visiting nurse has endless opportunities of doing good work among this class of people, and it is only through patience, time and hard work that she will be able to bring about the desired results—making good Canadian citizens of them.

M. C.

A TIRED FEMALE VIEW OF THE DIGNITY OF LABOR

By J. F. Botting, Montreal

When the leather chairs and tables with the newest magazines,
And the writing desk, and telephone, and Oriental screens,
And all the other manly things, professional and strong,
Equip your bran' new office; and you take the place that long
Your seething hot ambition has been reaching forth to gain,
And your chest expansion broadens, and tailor-made and plain,
You sit down to write some letters until the patients come—
O, the woman sense of dignity! of power! of work! Yum! Yum!

But when darkness unto dawning reaches forth a shadowy hand.
When no street-cars are running and the cabs have left the stand,
When your marcel-wave is stringy, and your linen blouse is fussed,
And your tailor-made is muddy, and you see big spots of rust
On the bran' new, steel bright instruments, you sterilized with care
In the blue-enamel basin, in the wee back kitchen, where
You breathed down foreign microbes, flabby, fat and garlic-fed,
You still feel you're the doctor, but it don't go to your head.
When you've pressed the rue of service for three solemn, tardy years,
And been blessed to flights of rapture, and been drowned in floods
of tears;
When you've disciplined your spirit and enlarged your depth of soul,
And with medal and diploma you stand waiting to unroll
The sealed parchment of your future on your graduation day,
And the thought of all self-living is so bravely put away.

Somehow everything seems sacred when you go to bed that night;
The uniform is glorified—the cap!—a halo bright.
Trained for service, and that service in its sternest sense seems best,
And with rapturous sense of usefulness the new nurse sinks to rest.

But no germ-proof regulations ever reached the poor,
And microbes bold with hoofs and horns meet sweet nursie at the door
Of every house in "Shawl-town," east of St. Lawrence Main.
She brow-beats, boils and scourges them, but finds them there again.
So she bathes the little babies, puts pink nighties on their mas,
Tells them how to be aseptic, but she does not soar, because
There are so many limitations to her usefulness, and then
Her uniforms are always crushed, and o'er and o'er again,
When the cars have made her muddy, and her patient's room is queer,
She meets some big, big doctor, but not twice in a year
When she is smart and speckless, and her work is neatly done,
Does she ever see a doctor, except some very minor one.

When you've made the class oration, and received the scholarship,
And have learned the art of teaching and been duly well equipped
To instruct the gracious progeny of men of brains and parts,
In the newest notions for their heads, the coolest for their hearts.
When little Mary's mother brings to you her blue-checked joy,
And Doctor Murray-Edwards motors over with his boy;
And you look into the future, succor'd, upheld—and by you!
How the sense of your arrivedness just soaks you through and through.

The diary of Monday is of biographic worth,
And noble resolutions, bless the heart that gave them birth.
And Tuesday's semi-princess, with the touch of Alice-blue,
Is worn with cool detachment, but is smart and pretty too.
But who but she who knows can paint the woes of Friday night—
The learned methods that have failed, the fuss, the fume, the fight
With tangled nerves and mixed-up brains, and checked and bustered vice—
There's chalk-dust on the Alice-blue: not even looking nice.

When you've landed at Niagara Falls, where married people go,
And you're walking in the moonlight, where domestic breezes blow;
And you're happy, for its lovely—the landscape and—a—the rest.
And you think of all the happy, you're the blestest thing that's blest.
You remember that he's promised ('course he couldn't do it, though)
To give you all his worldly goods—but some of them will do;
And to love and keep and cherish you—the dear, big, trustful thing.
And you fall to supplicating that you ever to him bring
Only helpfulness and happiness, and love and joy and things.

But it's jelly-time in Montreal, when you move into the flat,
And there's pots and pans and dishes—three times a day at that;
And you can't afford a maid as yet, and your new wash dresses fade,
And you're tired, hot and worried; and all the vows you've made
Seem so dismally one-sided, when a short-sleeved, Dutch-necked fright,
You haven't had time to "dress for tea" when Jim comes home at night,
Well-dressed, happy and contented, though the jelly didn't jell;
He has spent his day in heaven, you have fussed in yours in —. O well,
There's a value coming to you, for every service given.
(If you get out of life what you put in, you ought to call it even.)
But it's got its limitations—our services the same.
And it's realized, not photographed, howe'er the leaping flame
Of the imagination, pictures lime-light views serene.
And the dignity of labor is a thing that isn't seen.

A CONGRESS OF HEALTH, NOT DISEASE

With the closing of the Fourth International Congress of School Hygiene, one fact stands out vividly: The school hygiene movement has become a positive movement for the advancement of the health of the school child, rather than a negative summing up to disease.

The health emphasis was particularly noticeable in the scientific exhibit held in connection with the congress. Visitors to educational exhibitions on hygiene and sanitation do not need to be told how frequently these have been of the "chamber of horrors" variety. There were survivals of this type in the Buffalo exhibits, but for the most part the positive, sane, normal exhibit was conspicuously present. There were wonderful pictures of city girls engaged in outdoor sports and games—the New York school girls, for instance, who in their Public Schools Athletic League illustrate the newer health spirit of the hour, the spirit of wholesome recreation, to which even the tenement seems to succumb.

The old familiar exhibits of wan and careworn consumptive children were replaced in the exhibits with cheerful pictures of pretuberculous" youngsters busy in the school of the out-of-doors, their faces bright with the hope of health, typical of the knowledge that fresh air and sunshine can and will drive tuberculosis from the earth.

There were more illustrations of healthy teeth than decayed, in the Buffalo exhibit; there was less emphasis on the pitiable condition of bad teeth and more stress on the advantages of good teeth; and above all, there was the spotless school dental clinic of Cincinnati and other cities, with its promise of better, cleaner mouths for future school children.

Exhibits of the old sort there were—a few; just as there were a few speeches of the kind that were undoubtedly necessary in the early days of the health movement, to arouse public sentiment; but the one big central fact, both in the exhibit and in the speeches, was that school hygiene is to be henceforth considered from the point of health, not disease; that sound bodies, clean minds, normal development, air and sunlight, rational living, education to fit for natural productive life, are the things to be stressed; that it is not so much a fight against disease as it is a fight for health. It was almost as if the delegates of the nations at Buffalo had declared to the world: "There are many things to be done; we know the evils now; let us remedy where we can; but let us above all, do our best to point the way to clean, healthful, normal living for the generations to come."—The Training School.

PAID INSTRUCTORS

Many Training Schools are recognizing the necessity of having paid Instructors—they have long recognized the value of such Instructors—if they are to be successful, (1) in sending out well-trained, properly-equipped Graduates, and (2) in attracting new pupils.

How to secure these Instructors is the question. The suggestion was made recently before a body of Superintendents of Training Schools that where one school alone could not afford to engage an Instructor, two or three might unite and so secure the services of this valuable official. We are not sure that the suggestions has been considered seriously yet.

Miss Parsons, Principal of the Massachusetts General Hospital Training School, speaks with no uncertain note on this question. She is quoted thus in The International Hospital Record:

"We can doubtless recall many splendid lectures and bedside talks from the instructors who have given their services for the love of the work and interest in the schools. I suppose most of our schools still depend a great deal upon this voluntary work, and I would not underestimate its value. Every time we are fortunate enough to find a person, man or woman, who has the ability and the interest and the time to give to this work, who will give it as conscientiously as a paid instructor, the school may be thankful. But the advantages of having paid instructors are really so obvious that it seems almost superfluous to discuss it, especially the advantage of having resident paid instructors to supplement perhaps the lectures that are given gratuitously by the members of the hospital staff. When we pay for a thing we are allowed and are expected to be critical of the things paid for. We may demand quality, and pick and choose the kind of service that shall be rendered. Under the non-payment system of instructors we not only remember those who have given perfectly good service, but we can think of the many engagements broken, many of us can remember of the times we have been to lectures and have waited ten to fifteen minutes and then have heard the announcement that Dr. So-and-So was called away, or perhaps he had forgotten his engagement, and the class was dismissed and there was a week wasted as far as the school's program went. Then we can remember the very technical lectures that we have listened to, far over the head of the pupil perhaps, also the superficial lectures that have skimmed lightly over the surface, where it is perfectly evident that no preparation had been given to the work, and the uncertainty of such service is what renders it undesirable. When we can pay people who have not only the medical knowledge, but also have the gift of imparting it to pupils, we are fortunate, and the value of the resident instructor who has had special preparation, who can supplement the lecture work, can meet the nurses'

needs, impress upon them the most important facts that they should know, can find out what their mistaken ideas may be, answer questions for them, we are getting good work and we get good results. Such an instructor presumably has time to prepare her lessons beforehand, to know how she is going to handle her subject and to get ready her illustrative material. She can meet the nurses at the time that it is convenient to call the nurses together. In our schools we have found one of the most advantageous features of paid instruction to be the fact that we are not obliged to call our night nurses up at the time it used to be necessary when we did not have the paid instructor. We can have a class for the day nurses and then an afternoon class between five and six for the night nurses. The instruction then is coherent, one thing fits into another, there is a definite plan that is followed out, and the value of having a paid instructor for practical work is just as valuable as having a paid instructor for the theoretical work. Such an instructor is presumably an expert in her line. She studies various methods, she visits other schools, she studies the principal needs of her own classes, she knows the individuals in the classes, and then she develops the work and develops the abilities of her pupils, she takes especial pride in the results that will be produced. It is all so different from the haphazard work that we used to do when paid officers, to be sure, but officers with other duties that were so exacting that it left them no proper time to prepare for class work, that we wonder how we ever got along without our paid instructors."

OPPORTUNITIES IN THE FIELD OF NURSING

The pamphlet bearing the above title, prepared by the Nursing and Health Branch of the Alumni Association of Teachers' College, Columbia University, New York, gives a fund of the very information that the new Graduate wants, but doesn't know how to get.

Many Superintendents of Nurses are placing copies of this pamphlet in the hands of their Graduating Classes, so as to help them answer the question: "To what department of nursing work will I devote my energies?"

More might wish to do this if they knew about this little pamphlet that is so brimful of information.

We referred to it in "The Nurses' Library" in the August number.

THE SCHOOL NURSE

Regina, Sask.: Miss Bolster, Graduate of Toronto General Hospital, Class '10, has been appointed Assistant on the Public School Nursing Staff.

The Board put in an excellent dental equipment in an office in Alexandra School, and we held our first clinic on September 12th. The dentists are giving their services each Saturday forenoon to a limited number of poor pupils. This will be of the greatest value to our schools.

Little Mothers' Classes have been organized in Earl Grey School.

A new school, opened on October 8th, contains a splendidly equipped Nurses' office, with an ideal dressing-room off it. Two more are to be opened the beginning of the year.

Toronto: On Sept. 9th the School Nurses were entertained by Dr. and Mrs. Struthers in their home, 558 Bathurst Street. A delightful informal social hour was greatly enjoyed by all.

Dr. Struthers gave a brief review of the year's work and outlined plans for the ensuing term; then in a few kindly sentences introduced the new superintendent of nurses, Miss E. M. Paul.

Miss Paul will have the good wishes and hearty co-operation of the staff to assist her in her new responsibilities.

On September 15th, 1913, at the residence of Mrs. C. J. Hastings, Russel Hill Drive, the marriage of Miss Nellie Hatch and Mr. Hugh Ray was solemnized.

The opening of the September term saw a great many changes in the staff. Resignations were accepted from Miss L. L. Rogers, Miss N. Hatch, Miss K. Pauton, Miss McQuhae, Miss Hill, Miss Sterling, Miss Courtice, Miss Fergusson, Miss Shipley.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, Oct. 6th, at the Nurses Clubhouse. The day was delightfully warm and made it possible to have the meeting on the lawn. During the serving of afternoon tea a little gift was tendered to Mrs. Struthers from the staff of School Nurses.

Miss Florence Jones spent a delightful holiday in California.

Miss E. Macallum and Miss Armstrong visited Alaska and the Yukon during July and August.

Mrs. Feeney spent a month in England.

The field for School Nurses is gradually extending, and the call for Nurses with experience in that work is increasing. Four towns recently wanted nurses, but none with proper qualifications could be secured. This is a deplorable state of affairs. Nurses are wanted who have had experience in social service and school nursing.

PUBLIC WELFARE WORK IN MONTREAL

It is interesting and encouraging to recognize the rapid and continuous development of Social Service work in our midst. Within the last twelve months new Settlements, Day Nurseries, Convalescent Homes, Milk Stations, Dispensaries, Vacation Schools and playgrounds, have all begun work in response to the growing needs of our great city. The desire for information and education on the part of the workers themselves is perhaps the most encouraging feature of all. In order to maintain a high standard of excellence, both trained workers and efficient volunteers are needed in our public charities and on philanthropic committees. In response to this desire for greater knowledge and efficiency we note the recent French-Canadian Baby Hygiene Conference held in our city, the deputation of two eminent Catholic Priests to the Congress on "Young Girls and the White Slave Traffic," held in London, and the summer course for country doctors in the Bruchesi Institute for prevention and cure of tuberculosis. We are glad, too, to recognize University co-operation in the splendid extension course on "General Principles of Public Health," to be given in the near future by Dr. T. A. Starkey of McGill University. The Charity Organization Society recognizes this demand for more knowledge and greater efficiency among local workers, and offers a splendid course of lectures and practical work for six weeks, beginning October 14th. It will doubtless appeal to many workers on committees, in churches, settlements, etc., and to nurses taking up Social Service work in hospitals or in the City Health Service.

The lectures, which are given by experts, and the specially directed practical work should prove vastly helpful to all workers.

For enquiries and registration address Social Service Educational Department, Charity Organization Society, 70 Jeanne Mance St., Telephone, East 2342.

McGill University has arranged for a course of about twenty lectures and demonstrations on "General Principles of Public Health," to be given by T. A. Sharkey, M.B. (Lond.), D. P. H. (Lond.), M.D.C. M. (McGill), M.R.C.S. (Eng.), early in the new year.

For full information apply to the Secretary, Royal Victoria College, Sherbrooke St. West, Montreal.

The Graduating Exercises of the Western Hospital, Montreal, were held on October 3rd, when the Graduates received diplomas—Misses Caroline McAllister, Kathleen W. Wiggett, Ethel L. Corby, Jean H. Stratton, Eleanor Cooper, Ada D. Shepard, F. Mabel Reveler, Helen Rankin, Emily H. Crossley and Eleanor Ellis.

Mr. D. Lorn McGibbon, President of the Hospital Board, presided. Dr. W. G. Riley addressed the Graduates, his subject being "The Model Nurse." The diplomas and medals were presented by Mrs. McGibbon.

Addresses were also given by Dr. J. Perrigo, Canon Almond and Mr. Chas. Gilday. Mr. Gilday prestented the gold medal for Surgery to Miss Stratton, and a second prize to Miss Rankin.

PUPIL NURSES

Shall pupil nurses be sent out on private cases during their training or not? This question was discussed pro and con at the Annual Meeting of the Canadian Society of Superintendents of Training

Superintendent and first graduating class of the General Hospital, Oshawa, Ont.

Schools for Nurses in 1913, and while the majority of the speakers condemned the practice of sending pupils to cases outside the hospital, yet the Society did not put itself on record as advocating any definite pro-

cedure or principle. This is to be greatly deplored, for some definite stand would undoubtedly have had a restraining effect on those hospitals that follow this practice to help swell their treasury.

The one argument to defend the practice was the value, to the pupil, of the experience, and some of those against it were:

(1) The injustice of placing such heavy responsibility on a pupil.

(2) The lack of supervision, without which there cannot be proper training.

(3) Complications arise that cannot be met for lack of knowledge.

(4) Outside work is not valuable to the pupil.

(5) The injustice and unfairness of making the pupil earn money for the hospital.

It seems to us absolutely and entirely wrong and blameworthy to send out pupil nurses to earn money for the hospital. Is there any possible excuse for such procedure? The nurse gives her services to the hospital that she may in return receive an adequate training, practically and theoretically, that will fit her to properly care for the sick under all conditions, and to cope with any emergency that may arise in this work. Is the hospital fulfilling this obligation—for it is surely an obligation—when the pupil is sent for weeks at a time to care for private patients outside? To make the thing more glaring, the hospital boasts of the money its pupil nurses have earned. Is this right? Is this just to the pupil nurses? Are they getting the education for which they are paying, not in dollars in cents it is true, but in service the very best, the value of which cannot be reckoned in dollars and cents?

In spite of these and other wrongs, many nurses are lukewarm about Registration. When will they awaken to their duty, their opportunity, and obey the dictates of their professional conscience?

The healing of His seamless dress
Is by our beds of pain.
We touch Him 'mid the throng and stress,
And we are whole again.
I call you to serve Him with all your being. —UNA.

AN APPRECIATION

It is always hard to part with old and tried friends. This has been felt to be peculiarly the case at the Provincial Royal Jubilee Hospital during the past week, when the formal leave-takings with Miss Mary Cameron Macdonald, the retiring matron, have been held. For the past ten years Miss Macdonald has occupied this position of trust with a singular felicity. It is usual for women who achieve positions of confidence and responsibility in the communities they serve to possess—sometimes in a remarkable degree—those essential gifts necessary to a right fulfillment of their office, but it is somewhat rare to find one able to combine qualities that blend the disciplinarian in the mother, the mistress in the friend, the impersonal "officer" in the loyal and single-minded servant. Miss Macdonald's long term of service has been graced by these attributes, which have endeared her to all who have come into contact with her. Innately modest and humble-minded, it has been always difficult to persuade Miss Macdonald that she herself deserved consideration, and the only times on record when she has been tempted to come out of the quiet, dutiful routine of her busy daily round have been when the credit of the hospital has been challenged, or the traditions of honor and good conduct, so dear to the Training School, have been assailed. Such happenings must, of course, inevitably occur from time to time in the annals of a large public institution, but it is a satisfaction to know that they happen at the Provincial Royal Jubilee Hospital as seldom as anywhere. This is partly due to the policy always insisted upon by those in charge, a policy of honorable confidence in all professional dealings, and of perfect kindness in all personal relations.

—The Colonist.

Miss Macdonald will rest for a time at her home in Vancouver.

Build character, and health and energy are the natural outcome. The positive qualities of the body, mind and soul are fountains from which energy flows as naturally as water from a spring.—Sheldon.

The motive for a loving nature is found in reason itself. We are all the children of one Eternal Father. The joys and griefs we inherit are virtually the same for the whole race. It is natural we should view each other in sympathy. We should deem it our highest privilege to help to lighten each other's burdens. We have found the secret of life when we frankly recognize the brotherhood of man. If those of an unloving nature would only think—I think they would find from a business standpoint that the faculty of love is a sure winner. The negative of this glorious faculty is the deadly foe to success and happiness.—A. F. Sheldon.

WINNIPEG GENERAL HOSPITAL PERSONALS

Miss F. Wilson, Lady Superintendent W. G. H., left the latter part of August for Kenora to close the Nurses' summer cottage on Coney Island.

Miss Etta Sanford, Night Supervisor, who has been touring the British Isles for the past four months, returned to her duties in September.

Miss Mabel Wilkins (Class '07) has accepted a position on the staff of the hospital at Moose Jaw, Sask.

Miss Sadie Ferguson ('12) has been appointed operating nurse in the Regina Hospital.

Sincere sympathy is extended to Miss Gertie Harris ('05) on the recent death of her sister.

Miss Edith Patten (Class '05), formerly Lady Superintendent of the Royal Inland Hospital, Kamloops, B.C., resigned her position and is leaving for California, where she will spend the winter.

Miss Helen Cameron Smith (Class '98), formerly of New York, was a visitor to Winnipeg in September.

Miss L. Schwalen ('10), who has spent the past two years in Vancouver, returned to the city and will engage in private nursing.

Miss Jean Cowie (Class '12) left early in October for Kamloops, having been appointed Night Supervisor of the Royal Inland Hospital.

Miss Olive Coad (Class '10), who has spent the past three years in British Columbia, returned to the city in September.

Miss Helen Stewart ('06) and Miss Edith Taylor ('08) have left to spend the winter in California.

NOVA SCOTIA

The Annual Meeting of the Nova Scotia Graduate Nurses' Association was held at the residence of the Victoria Hospital, Halifax. Miss Pemberton, President, was in the chair, and gave a splendid address setting forth the work done during the year, and paid a nice tribute to each of the faithful workers.

Miss Kirk read the Secretary's Report, which was received with enthusiasm.

Miss McKeil read the Treasurer's Report, which showed good results. Mrs. W. E. Struthers was made an honorary member of the Association. After the meeting a delightful reception was held, at which Miss Kirk, Superintendent of the Training School, received—assisted by Mrs. Struthers, of Toronto, who was the guest of honor. The day was unusually rainy, but despite that fact a large number showed their appreciation by being present. The tables were charmingly presided over by Mrs. Forrest, Mrs. Ross, Miss Barrington and others.

The repast and decorations were both delightful and tasteful and very much enjoyed.

Mrs. W. E. Struthers gave an illustrated address on "The Economic Value of the Public School Nurse to the Community," to the citizens of Halifax, on Thursday evening, October 2nd, 1913.

Halifax has two part time Medical Inspectors, but no follow-up work is done. The Graduate Nurses' Association was the means through which this subject was presented to the educators and townspeople, and their efforts will bear fruit, we are told, in the near future. Among those who discussed the question were Professor McKay, Dr. J. McMillan, Dr. Mader, Mrs. Mader, Rev. Mr. Ross, Archdeacon Armitage and Mr. Hewitt.

Miss Kirke has gone to Maine on a three weeks' vacation. Miss Kirke has earned a much-needed rest.

Miss Pemberton has moved to larger quarters, having entirely outgrown the old Restholm quarters. Her friends hope she may be able to accommodate the many patients who are anxious to become her guests

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THE INTERNATIONAL COUNCIL OF NURSES

"The essential idea for which the International Council of Nurses stands is self-government of Nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her."

We cannot help quoting the above from the cover of the report of the third regular meeting of the International Council of Nurses, at Cologne, in 1912, for it is essential that we all realize the spirit that actuates those who compose this great body. The next meeting is in San Francisco in 1915. Let us be ready for it in the best, the highest way!

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO.

The first meeting since July of the Central Registry Committee was held at the Registry Office, 295 Sherbourne Street, Monday, Oct. 6th, at 8 p.m., Miss Christine Mitchell, convener, in the chair. Six members were present.

Registrar's Report for July, 1913.

CALLS

Registry	131
Personal	166
Total	297
Registrary extension cases	3

CALLS IN AUGUST

Registry	138
Personal	121
Total	259
Registry extension	1

CALLS IN SEPTEMBER

Registry	92
Personal	164
Total	256
Registry extension	1

22 applications were considered,

17 of these were accepted.

In November, 1912, we had 418 members. Since that time 137 nurses have been accepted on the Registry. At the present time we have a membership of 432, which goes to show the changes that are always taking place.

We are sorry to report the illness of two of our nurses, Miss Norris, a graduate of Jeffery Hale Hospital, Quebec; and Miss Mildred Allen, a graduate of the Toronto General Hospital. Both have undergone serious operations, and we are pleased to report are on a fair way to recovery.

FINANCIAL STATEMENT

Fees received in July	$280.00
From sale of Charts	7.06
	$287.06
Disbursements in July	$174.70
Fees received in August	$150.00
From sale of Charts	7.00
	$157.00
Disbursements in August	$137.60
Fees received in September	$145.00
From sale of Charts	5.50
	$150.50
Disbursements in September	$158.50
Balance in savings account.....	$1,424.02
Balance in current account	131.07
Total	$1,555.09

We must have faith in ourselves, in our work, in the mission and purpose of our lives, if we expect to do our best or reach the highest success. Faith is the steam power of individual effort, it is the source of our industry and perseverance.—A. F. Sheldon.

Serenity of mind comes easy to some, and hard to others. It can be taught and learned. We ought to have teachers who are able to educate us in this department of our natures quite as much as in music or art. Think of a school or classes for training men and women to carry themselves serenely amid all the trials that beset them.

That exquisite poise of character which we call serenity is the last lesson of culture; it is the flowering of life, the fruitage of the soul. It is precious as wisdom, more to be desired than gold—yea, than even fine gold. How insignificant mere money-seeking looks in comparison with a serene life—a life that dwells in the ocean of Truth, beneath the waves, beyond the reach of tempests, in the Eternal Calm.

Editorial

CHARITIES AND CORRECTIONS

The fourteenth annual meeting of the Canadian Conference of Charities and Corrections was held in Winnipeg on Sept. 15, 16 and 17. Many excellent papers were given on the great social problems of modern life, but the striking and dominant note was the cry for preventive work among children. Save the children from poverty, delinquency and crime, educate and train the child for its position in the community; train it in self-reliance, sturdy independence and a love of labor; train the child in right habits of life, and the social problems of the nation will rapidly be eliminated. Humanitarian care of the social outcast, the adult criminal, the pervert, the insane, and the feeble-minded is necessary and commendable, but work along the lines of prevention will always give a rosier promise than efforts along the lines of reformation. And reformation always costs more in the final analysis than prevention.

Controller J. O. McCarthy was elected President for the ensuing year. The next annual meeting will be held in Toronto in 1914.

PUBLIC HEALTH

The third annual meeting of the Canadian Public Health Association has come and gone. Those who attended the Regina meeting came away cheered by the knowledge of the many things that are being done to protect public health, but also impressed by the urgent need of improvement in our environments, better housing conditions, improved methods in sanitation, and more hygienic conditions in our home and community life. The modern tendency in large centres to mass together, especially in the poorer quarters of a city, greatly increases the difficulties of handling the big problems that mean health and protection from disease. And the sudden and rapid increase in real estate makes it almost impossible to obtain sufficient breathing spaces for the people of the down-town districts. It is to be hoped every growing village and town in this rapidly expanding country will make ample provision for parks in its central districts. The next congress will be held in Port Arthur and Fort William in 1914.

CHILD HYGIENE

To those who had the privilege of attending the Fourth International Congress of Child Hygiene, at Buffalo, September 25th to 30th, 1913, an impulse was given to go back to their fields of labor feeling that it was good to be alive. The child and his needs and how best to provide for them was the keynote of the conference. Able men and women from all parts of the world were there to show that the interest is a world-wide one at the present moment. The public welfare must be guarded and no little interest was displayed by those whose lives are given to public service under one organization or another. One point, possibly more than any other that was brought out, was the educational side of health and hygiene. Everyone admitted that children must be taught the laws of health and not wait until disease strikes him. The exhibit of statistics and plans for health measures was unusually good. It was no visionary picture, but a real one to be seen with the eye. One could not see the opportunities without a feeling of doubling one's effort to make our own city one of the foremost in health in this great land.

The Nurses of the Department of Public Health in Toronto met four times during the past year, at the supper hour in the Graduate Nurses' Club. At the meeting in February, Miss Dyke, Superintendent of the Nurses, sketched the history of the development of Public Health Nursing. In March, Miss Janet Neilson told the story of the development of District and Public Health Nursing in Toronto, and Miss Minaker Keys, B.A., statistician and social worker of the Department indicated the relationship of the Nurses' work to the broader phases of public welfare. In April, a nurse chosen from each division sketched her day's work—Miss Dorothy Farncomb spoke for the Tuberculosis Division, Miss Ada Ballantyne for the Child Welfare, and Miss Jessie Woods for the Measles Division. At the final meeting, in May, Chas. J. Hastings, M.D., Medical Officer of Health, discussed the importance of the nurse in municipal work, and following his suggestion a committee was formed to outline a plan of organization.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

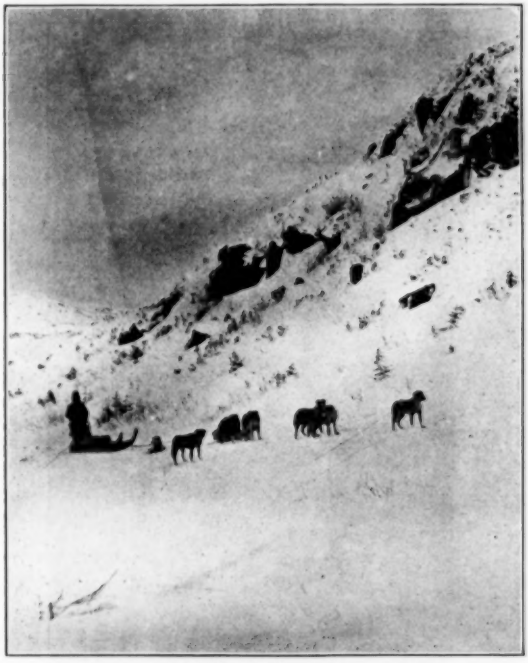
TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

Miss Bryce, member of Dr. Grenfell's staff in Labrador, gives this interesting account of some of her experiences:

"Last winter was terribly cold and stormy and we had a very bad epidemic of pneumonia. Hardly a day passed without one or two calls for the doctor, and in Griquet, about fifteen miles away, everyone seemed to be ill. Dr. Grenfell finally decided to send me there till the worst was over, so I packed my belongings in a sailcloth bag and started off. One of the doctors came with me and we had a glorious drive with a good team of dogs. The snow was drifting quite badly on the hills, and we were like large icicles when we reached our destination, a fisherman's house in Griquet. The people are most hospitable, and my host and his young wife certainly made me welcome. After a "mug up," which in Newfoundland dialect means a light meal, the doctor and I made rounds on the worst cases, and he left orders and suggestions and a good supply of medicines. It was rather trying to see him leave later on and know I was the only person with any medical knowledge for a good many miles. The news soon spread that the

nurse had arrived, and it was exciting to sit in the kitchen—generally with a baby on my knee—and hear the knock on the door which always preceded the request for "the sister." Then I would be told that "my woman" or "my man" or "the baby," as the case might be, was "took wonderful bad," and after struggling into my sailcloth outfit and filling my quite capacious pockets with drugs, plasters and my invaluable case of instruments, we would set off. Usually my visitors brought a Romatik and team—either their own or borrowed for the occasion—and I had many fine "Gandys," though as we indulged in



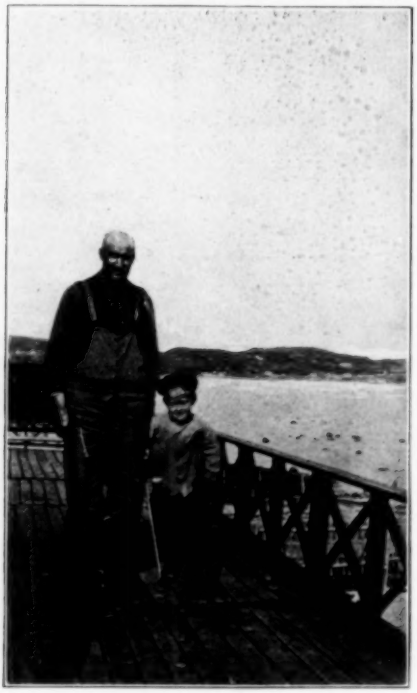
On our way to Griquet.

a good deal of "oncivil" weather, some of them were remarkably cold. And when I arrived at my patients' houses I had first to thaw out, which is quite painful. Most of the cases were pneumonia and very sick, and it was hard to give proper treatment in a small kitchen which your patient shared with, frequently, a calf, some hens, and nearly always a seal thawing out before the fire. The neighbors also always insisted on being present, and were much impressed when a temperature was taken. Fortunately everyone recovered, and before I left I was kept busy, as nearly everyone asked me to tea, and after

some delicious home-made bread and fried seal we would sit around the stove knitting, while the men mended nets and told stories. I was terribly sorry to leave when there was no longer any need of my services. But it was certainly good to get home to a furnace-heated hospital, an unlimited water supply, and last but not least, the two nurses and the doctors.

The first regular meeting of the Executive for the autumn was held at the Club House, 295 Sherbourne St., Toronto, on September 25th, at 3 p.m. Eight members were present.

The President reported that information had been sent in response



Uncle Joe, our policeman, and a small patient.

to 31 letters of inquiry, and that the advertisements in the church papers had called forth the most responses. A copy of "Opportunities in the Field of Nursing," in addition to the specially prepared pamphlet, was sent to each enquirer.

The Executive decided to get 100 copies of "Opportunities in the Field of Nursing" for further careful distribution.

The treasurer will be glad to receive fees for 1913-14 at an early date. Prompt attention to this facilitates her work.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Ave., Toronto; First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford ; Second Vice-President, Miss G. A. Read, 156 John St., London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby St., Toronto. Directors: Mrs. W. G. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Pafford, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Misss Bessie Sadler, 100 Grant Avenue.

The regular monthly meeting of the Alumnae was held in the Nurses' Residence on October 7th, at 3 p.m.

It was agreed to improve the meetings, in order to interest junior nurses.

At the November meeting the advisability of raising the nurses' fees will be discussed.

Miss Grant is visiting her sister, Mrs. (Dr.) Moise, at Ogden, Utah, and will spend the winter there.

Miss Van Velzer has returned to the city after an absence of two years to resume her professional duties.

Miss Lanaway has accepted a position as Lady Superintendent and also charge of the operating room in a private hospital in Cleveland.

Miss Ada Walker, who was visiting in the city this summer, has returned to the Northwest, where she has charge of a Victorian O. Hospital.

Miss Dennis has just returned from a delightful trip through the Northwest

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Eighteenth Annual Meeting of The Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms, 112 Mansfield street, on Tuesday afternoon, October 7th, at 3.30—Miss Phillips in the chair.

There were forty-four nurses present, and it was a keen disappointment to all that the Rev. Dr. Bruce Taylor was unable to open the meeting, as had been arranged.

The business of the afternoon was proceeded with—minutes of the May Meeting were read and adopted, also reports of Secretary-Treasurer and Registrar. The former showed how the work was growing, both in that pertaining to the ordinary running of its machinery, and its ever increasing outside connections. In November it was decided to install a card filing system in order that proper records might be kept of the members and the work done. In February it was agreed to merge the offices of Secretary and Treasurer. Referring to the growth of the Association it is interesting to note the difference between our first and this our eighteenth year. In 1895 we began with a membership of about twenty; receipts $63, with small fund in bank, and expenditure $18.67 outside Registrar's salary—putting that against the year just closed with membership of 286; receipts $2,060;

balance in bank of $869; and expenditure of $1,928.42—will give some idea of what the growth means.

During the year we have lost three members by death, and, with the exception of our Founder, our oldest friend in the person of Mr. Kirkpatrick. He ever took a keen interest in all that concerned the Association, and followed with pleasure its growth and development.

The Registrar's Report showed an increase in all branches of the work. Registrations numbered 1,587; cases attended to 1,375.

Two members have had to give up their work owing to illness; eight have gone West, and seven have married.

The election of officers resulted as follows:—

Miss Phillips unanimously re-elected President.

Miss Dunlop—First Vice-President.

Miss Colley—Second Vice-President.

Miss DesBrisay—Secretary-Treasurer.

Board of Directors:

Misses Mauby, Fisk, McBride, F. Campbell, S. Fraser, L. White, Fortescue, McBeath, Hill, M. Welch, Bullock, Louise Stewart, F. Thomson, Corbett, Barnard, Mrs. Petrie.

Miss Colley was given a warm welcome after her long absence abroad, and told us something of what she had seen.

The question of a Club House was discussed, and the hope expressed that sometime ere long the idea might be realized.

The meeting then adjourned and the President called a meeting of the new committee to arrange the winter's work.

Helen A. DesBrisay,
Sec.-Treas.

VICTORIAN ORDER OF NURSES

In connection with the Rural District Nursing work of the Victorian Order, committees have been organized, during the past month, at Uno Park, Ontario; Roblin and Ashearn, Manitoba. Districts at those places will be opened very soon with one nurse in each, but each committee is to work towards having a small Nursing Home, with two nurses and accommodation for two or three patients.

These homes will be little educational centres as well as nursing centres, and from them school nurses for the rural schools will be provided.

The Chief Superintendent, during her Western tour, is paying special attention to the organizing of country districts, and will be very glad to hear of places where the need for nurses is great, so that immediate steps may be taken to reach all parts, where there is this need. Owing to the Fund, raised recently by Her Royal Highness, the Duchess of Connaught, the Order is able to help new country branches financially, if necessary, and it is expected that before very long so many of these little distributing centres will have been opened that there will be very few people in this broad Dominion who are not within reasonable reach of a fully trained nurse.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset street, Ottawa, or to one of the District Superintendents at 206 Spadina avenue, Toronto, Ont.; 46 Bishop street, Montreal, Que.; or 1300 Venables street, Vancouver, B.C.

HOSPITALS AND NURSES.

Miss Felter, who has charge of the operating department, Royal Victoria Hospital, Montreal, Miss Hall and Miss Freeland, Graduates R.V.H., have just returned from a delightful summer holiday spent in Britain.

Miss Victoria Crant, Graduate of Winnipeg General Hospital, has taken charge of the hospital at Port Alberni, B.C.

The Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service announces the following transfers to stations abroad: Miss C. M. Hodson to Gibraltar, from Hounslow; Miss M. A. McCabe to Hong Kong, from York; Miss K. Lowe to Hong Kong, from London.

Miss Hazel Wallace, Graduate of Toronto General Hospital, has accepted a position in the Good Samaritan Hospital, Dawson, Yukon.

Miss Laura Gamble, Graduate of Toronto General Hospital, has gone to take a position in Cobalt Mines Hospital, Cobalt, Ont. Miss Margaret Telfer, Graduate of Toronto General Hospital, has had a position in Cobalt Mines Hospital since April, 1913.

Miss Macfarlane, Graduate of Toronto General Hospital, Class '01, is Night Supervisor at the Hospital of the Good Samaritan, Los Angeles, Cal.

A new hospital of 25 beds has been opened at Powel River, B.C.

The opening meeting for this season of the Montreal General Hospital Alumnae Association was held Friday, September 12th, in the hospital. Dr. Elder gave a most interesting lecture on the Medical Congress and his trip to London.

Miss Kate Brock, M. G. H. Class '05, has accepted the position of Superintendent of Lachine Hospital.

Miss Winnifred Sare, M. G. H. Class '08, has returned to Montreal after spending a two months' holiday in England.

Miss Dorothy Hadriel, M. G. H. Class '10, has gone to Vancouver, B.C., and intends doing private nursing there.

The Graduating Exercises of the Training School for Nurses in connection with the Grey Nuns' Hospital, Regina, Sask., were held in the City Hall on August 19, 1913. Mayor Martin occupied the chair, Mrs. Martin presented the medals and bouquets, and Lieutenant-Governor Brown presented the Diplomas. Bishop Mathieu addressed the Graduates, giving them timely advice and earnest counsel which they will always remember.

Dr. Corbett and Dr. Morrison also gave brief addresses.

The Graduates were: Misses White, Walker, Dickie, Diabold, Simon, and Berger.

A new feature at the Vancouver Annual Exhibition is the Child's Welfare Department, organized by the Local Council of Women. The exhibit is small as yet, but it promises greater things in years to come.

A contrast between the clean, tidy home and the unclean home is shown by two cleverly arranged houses. The right and wrong way of dressing children is shown by doll models dressed according to the Russian, old English and modern hygenic methods. Clever poster lectures done by Mrs. G. T. Gilpin set forth the dangers of defective teeth, the lack of proper playgrounds, the value of home training, etc., very clearly.

Another stall before which the visitor is compelled to halt is that conducted by the Anti-Tuberculosis Auxiliary. For the first time in Vancouver a tuberculosis exhibit is shown. The exhibit was brought from Providence, R.I. Flash pictures show the public drinking fountain, with the clean and the unclean, using the same cup; the clean, well ventilated home, and its opposite; the necessity for fresh air, healthful sleeping porches, etc. Illustrated poster lectures further explain the nature of tuberculosis, its spread and prevention. From the number of earnest inquiries which greeted the attendants it would seem that the exhibit is doing a great deal of educational work.

The evening of Wednesday, August 13th, 1913, will long be remembered by all who took part in the first Graduating Exercises in connection with the General Hospital, Oshawa, Ont. The date was the anniversary of the opening of the hospital three years before. The Assembly Hall of the high school, where the exercises were held, was tastefully decorated, and a large gathering of interested people honored the Graduates.

Mr. J. D. Storie, President of the Board of Governors, presided. Rev. George Yule offered the Invocation.

Dr. F. N. G. Starr, of Toronto, addressed the Graduates, giving them much helpful, timely advice, in his own interesting, sympathetic way.

Miss MacWilliams, the Superintendent, then administered the Florence Nightingale Pledge to the Graduates—Misses Margaret E. Seeling, Gladys E. Vernon, and Daphne E. Drew.

Mr. Storie presented the diplomas, and with each a bouquet of roses. Mrs. R. S. McLaughlin, President of the Ladies' Auxiliary, presented the class pins and another bouquet of roses to each Graduate. The presentation of prizes followed. The Dr. James F. W. Ross Scholarship of $50.00 in gold, donated by Mrs. Ross, was presented by Dr. Hoig to Miss Seeling for highest standing in general proficiency.

The W. F. Eaton prize—a pearl monogram pin specially designed —was presented by Mr. Eaton to Miss Seeling for highest marks in written examination.

The Morphy Scholarship—$25.00 in gold—was presented by Mrs. Morphy to Miss Vernon for highest marks in practical work.

The Robert Williams prize—a gold bracelet watch—was presented

by Mrs. Williams to Miss Drew for highest marks in oral examination. Miss Seeling won the prizes for highest standing in Children's Diseases and Bacteriology in addition. Miss Vernon was presented with an amethyst pin set with pearls by Mrs. Stewart Storie for highest standing in charting. Others won by her were Dr. Walker's prize for highest marks in First Aid, and Dr. Belt's prize for highest marks in Materia Medica.

Mrs. R. B. Hamilton, of Toronto, presented her specially designed monogram pin to Miss Drew for neatness. Miss Drew also received the Superintendent's prize for highest standing in Obstetrics and Dr. Rundel's prize for highest marks in Medicine.

Mr. John Cowan's Scholarship of $25.00 in gold for highest marks in second year was awarded to Miss Annie Scott.

Miss Marion Gibson and Mrs. Davis sang solos which were much enjoyed.

At the close of the exercises, the happy Graduates were showered with congratulations by their many friends.

Collingwood:—On Thursday afternoon, September 18th, 1913, the corner stone of the "Ann Long" memorial Nurses' Residence, which has been donated to the General & Marine Hospital here, was laid. Mr. H. T. Telfer, Chairman of the Board of Trustees, delivered an address and presented Mr. Long with a silver trowel, suitably engraved, with which to perform the ceremony. Addresses were also given by Mr. Long, Mayor Gilpin, the President of the Medical Association and the Clergy of the town. After singing the National Anthem the people adjourned to the Board room of the hospital and were entertained by the lady managers. The new building, which will cost $8,500, will be a handsome two-storey brick structure, and will have accommodation for the Lady Superintendent of the Hospital and fifteen nurses.

Miss Morton, Superintendent of the G. & M. Hospital, has returned after spending her holiday at her home in Bradford and other places.

Miss Ella Baker, Class '06, Superintendent of the Anna Turnbull, Wakan, Sask., was home for a two months' holiday, after being away for three years.

Miss L. Sutherland, Class '11, Surgical Nurse at St. Catharines, spent her holiday at Bradford and Collingwood.

Miss Mary H. Hamer, Zanesville, Ohio, Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged to take charge of the Mechanical Department at Spencer Sanitarium, Winston-Salem, N.C.

Miss Minna Schmidt, Jacksonville, Fla., Graduate of the City Hospital, Erfurt, Germany, Supervising Nurse at Royal University Hospital, Halle, Germany, also a graduate of the Penna. Orthopaedic

Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged as Superintendent at White Sulphur Springs, W. Va.

Miss Jean A. Harrison, R.N., Maccan, Nova Scotia, Graduate of Whidden Memorial Hospital, Everett, Mass., and a Post Graduate of Bellevue Hospital, N.Y., and Alexandra Hospital, Montreal, Canada, also a Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged by the Mechanical Department at White Sulphur Springs, W. Va.

Miss Delia V. Keatley, Sheguiandah, Canada, Graduate of Wright Memorial Hospital, Fergus Falls, Minn., also a Graduate of the Penna. Orthopaedic Institute & School of Mechano-Therapy, Inc., 1711 Green St., Phila., has been engaged by the Mechanical Department at White Sulphur Springs, W. Va.

The new wings of the Winnipeg General Hospital were opened for public inspection on September 28th. These buildings, erected at a cost of nearly $700,000, make the bed capacity of the hospital 478, the second largest in Canada. It is, however, second to none in point of arrangement and equipment, the new departments placing it among the best on the continent.

The members of the Victoria Nurses' Club held their usual monthly meeting on September 18th, at the Alexandra Club, with the President, Miss E. H. Jones, in the chair. There was a good attendance of members, who spent a pleasant and instructive afternoon listening to an address on "Nursing of Nervous Diseases and the Insane," which was given by one of the city practitioners.

The annual bazaar to help swell the funds of the Toronto Graduate Nurses' club will be held at the Club House on Wednesday, November 26th. Friends are requested to send donations by that date to the Club House.

As a change from the usual "doing" at the Club, ante-nuptial affairs have been on order. Early in September a charming tea was given by the nurses of the Public Health Department in honor of Miss Mina Keyes, who has endeared herself to all her associates during her connection with the department. A humorous address was read by Miss Neilson, and Miss Fry, on behalf of the staff, presented Miss Keyes with a Brown Betty and silver tea set. Her marriage to Rev. Bradly, of Alberta, took place at Victoria College Chapel in September 20th, after which a dejeuner was served at the Club, about a dozen intimate friends being present.

The matrimonial bee is busy. On Friday, September 26th, the Directors of the Club entertained in honor of Miss Brent, the President, who looked charming in white charmeuse and shadow lace. She wore a diamond and platinum pendant, the gift of the Medical Staff of the hospital. Miss Mathieson and Miss Christie received with her. The

tea-room was in charge of four pupil nurses from the Hospital for Sick Children, who were most attentive to the large number who availed themselves of the opportunity of wishing Miss Brent every happiness in her new life.

Miss Johnson, of Richmond, Va., who has been in Toronto doing post-graduate work in school nursing, was a guest of the Club. Miss Griffith, V.O.N., of Cobalt, was a guest during her holidays.

The resignation of her position as Superintendent of the Provincial Royal Jubilee Hospital, Victoria, B.C., by Miss M. Cameron Macdonald, called forth many expressions of appreciation of her work, and was made the occasion of many interesting functions.

The pupil nurses presented Miss Macdonald with an address, and a solid silver jewel case suitably engraved. The Medical Staff presented an address and a purse of gold, and the Hospital Board presented a beautifully illuminated address and a handsome bracelet watch.

Do your duty, and do not trouble yourself whether it is in the cold or by a good fire.—Marcus Aurelius.

Do not look on your work as a dull duty. If you choose you can make it interesting. Throw your heart into it . . . . even if at first you find this impossible, if for a time it seems mere drudgery, this may be just what you require; it may be good, like mountain air, to brace up your character.—Lord Avebury.

YOUR CHARACTER.

Build it well, whate'er you do,
Build it straight and strong and true;
Build it clear and high and broad,
Build it for the eye of God.

HOW TO BESTOW KINDNESS AND CHARITY.

1. By a smile, by a bright and sympathetic countenance. This can be bestowed on servants and everyone, where no words need be uttered. To do so when low and out of humor will be a splendid exercise in the practice of killing my self-love—the thing I am asking for perhaps a hundred times a day.

2. By thinking what pleasant and encouraging thing I can say to So-and-So, who has just come to interrupt me, and saying it.

3. By avoiding any sarcastic remark, any cold and chilling reception of another's remark, any morose sign of displeasure or ill-humor. —Life of Cardinal Vaughan.

Honor does not wound the feelings of others. Ridicule does, and ridicule is a mild sort of persecution. It is not common courtesy to ridicule others, much less Christian charity.

1. Tenderness.—Let us never judge others. Christ healed without asking questions.

2. Patience.—Jesus was patient at all times, and we have need of infinite patience.

3. Sacrifice of Self.—If we put first our own comfort or pleasure we cannot walk in the path of sacrifice pointed to by Christ, Who always considered the Will of God.

4. Triumphant Optimism, which Christ displayed in the case of the dying thief who had lived in sin to the hour of death. Think of Christ's words: "To-day thou shalt be with Me in paradise." We must never lose hope for those who are saturated in sin and evil.

5. Love.—Faith will help, hope will help, but love is chief. We must love as Jesus loved, we must give our lives as He gave His life.

The Dynamic.—The Christian ideal takes cognizance of this fact that Jesus is not dead. He is with us as the risen Christ. He still ministers to the suffering.

THE GROUCHES OF A GRAD—SADIE AND SOME OLYMPIANS

By Rene Norcross, Victoria, B.C.

The entertainment committee of the Metropolitan Hospital Alumnae decided to make the regular mid-summer dance a fancy dress affair this year, and everybody was pleased. We grads. always spread ourselves a bit over the mid-summer dance, and make a point of asking a limited number of the girls in training. It helps to make them buck up on their lectures, so that they can graduate and belong to the alumnae themselves.

Sadie—Sadie and I batch together in two rooms and a kitchenette when we are not out doing the ministering angel act—was on a case when the committee meeting was held, but I had the news all ready for her when she came in a couple of days later. Also I had some lovely oyster stew ready for her—we do light house-keeping with a gas-ring and a large granite spoon—but the moment I mentioned the fancy dress ball she flew into such a rage that I knew she would never appreciate it, and was sorry I had taken all that trouble. Sadie said she was sorry, too, and she had barely tasted it.

"Of course I am not going to force my cooking on you," I said coldly.

"No, you are certainly not," Sadie answered acidly. She was pulling off her uniform and pitching it all about our mutual bedroom. "Why didn't the committee think of my glasses?" she demanded, furiously. "How can I wear fancy dress along with pince-nez, and they know perfectly well I can't leave them off. Nice I'd look going as—as—Britannia, for instance, in gold-rimmed glasses. Of all the stupid, selfish—"

"You haven't the right kind of features for Brittania in any case," I said, soothingly. "Nobody ever saw Brittania with a snu—retrousee nose." I had burnt myself twice over that stew.

"Didn't someone write something somewhere about a girl in a college-gown and mortar-board—a Greek goddess or something?" Sadie demanded, abruptly, pausing half-way into her kimona to glower anxiously at me.

Sadie is one of those practical geniuses who can shut themselves up for twenty-four hours with a sewing machine and seven dollars' worth of assorted remnants and a mouthful of pins, and emerge on the evening of the second day with a thirty dollar opera cloak, but when it comes to books, even the lightest fiction, she—well, she would rather have a case of smallpox—or twins. I was about to tell her that if she had read my "Mythology," instead of propping up the window with it, she would not suppose that any Greek goddess ever abandoned her favorite costume of atmospheric tints for a clumsy college gown and mortar board. But I remembered my slighted stew.

"It would probably be a goddess," I agreed, thoughtfully; "they were up to all sorts of dodges."

"Then why shouldn't I go as she?" Sadie asked with a blending of hope and uneasiness. She knows her weak point and always looks to me to post her on literary matters.

"Why not?" I echoed, pleasantly. "The question is, which was she?"

"I thought you'd know that," said Sadie, resentfully; "I don't have all their silly names at my tongue's end like you. It's got to be the mortar-board one so she won't clash with my glasses."

"U-um. I'm afraid I don't just remember the mortar-board one. Unless it was Minerva, the goddess of wisdom."

"No thanks," said Sadie, hastily, "not if I've got to look the part."

"Oh, very well, help yourself," I answered stiffly.

Sadie frowned at the toes of her muddy boots for a while in silence.

"Wasn't there one who came up out of the water—not a mermaid exactly—that wouldn't do at a dance—"

"I suppose not," I said coldly.

"I remember now, she was dressed in sea-foam," Sadie continued.

"That would hardly do at a dance, either," I commented.

"Now with green silk for the waves and white chiffon for the foam," Sadie went on, her eyes shining. "I'll—"

"Oh no, you won't," I interrupted decidedly. "That's Aphrodite you've got hold of."

"Well, what's wrong with her?" demanded Sadie.

"I'd rather not go into particulars, but she was most—well, we'll call it flighty. Quite impossible."

"Bother, just when I'd a dress planned out for next to nothing," said Sadie dismally. She had momentarily forgotten the spectacles and consequent mortar-board.

"What about that one I saw in a picture the other day, carrying a lot of daffodils? She looked nice."

"She was nice too," I agreed mildly, "but she wouldn't do for you, dear."

"Why?" Sadie demanded belligerently.

"Well, you know how you hate house-work," I said carefully, "and Persephone was kept going the whole time, doing her mother's chores for half the year, and catching up on her husband's mending the other half. The poor thing simply never got a minute to herself."

"I don't see that that needs to interfere if she was alright every other way," Sadie said, eyeing me with some suspicion.

"Oh, very well, if you like to go to a ball carrying a broom and a dish-cloth," I yawned. "I happen to know a little more about these people than you do, but if you don't care for my—"

(*Continued in December issue*).

THE NURSES' LIBRARY

"The Friendship of Nations:" by Lucile Gulliver, A.M., with a foreword by David Starr Jordan, LL.D. While this work does not belong technically to the Nurse's Library, yet it deals with a subject in which nurses as citizens take a deep interest. School nurses particularly would be interested in this work.

"Medical Electricity and Light;" an elementary text-book for nurses; by Ettie Sayer, M.B., B.S. (Lond.), with ten plates and thirty-three diagrams in the text. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London, W.C., England. This work seeks to supply the nurse who wishes to take charge of electrical apparatus and administer routine treatment under the medical practitioner, with the information that will make her work intelligent and efficient.

"Massage—Its Principles and Technic;" by Max Bohm, M.D., of Berlin, Germany; edited, with an introduction, by Charles F. Painter, M.D., Professor of Orthopedic Surgery at Tufts Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.75 net.

The J. F. Hartz Co., Ltd., Toronto, sole Canadian agents.

This work, translated from the German, bears the stamp of thoroughness and is splendidly illustrated. The beneficial effect of massage is much appreciated by the Germans, who have many institutions where patients may be treated.

"Hygiene of the Nursery," including the general regimen and feeding of infants and children; massage, and the domestic management of the ordinary emergencies of early life; by Louis Starr, M.D., LL.D. Eighth Edition with 26 illustrations; price $1.00 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The normal development of the healthy child and how to care for him properly are here fully and clearly discussed. The chapter on foods is very valuable.

"Manual of Medicine for Nurses and Housemothers;" by George H. Hoxie, G.M., M.D., Physician to the German Hospital, Kansas City, Mo., and Pearl L. Lapted, formerly Principal of the Training School for Nurses of the University of Kansas. Second eddition, rewritten and enlarged. Twelve mo. of 351 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth $1.50 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

This volume seeks to enable those who care for the sick in the home to do so intelligently.

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"Making Good on Private Duty—Practical Hints to Graduate Nurses;" by Harriet Camp Lounsbery, R.N., President West Virginia State Nurses' Association, Sanitary School Inspector for Charleston Independent School District. J. B. Lippincott Company, Philadelphia and London.

The private duty nurse no longer needs to grope her way at the beginning of her career. Here is another book, written by the one who knows, giving many practical hints and much invaluable advice to the young Graduate.

"The Operating Room and the Patient;" by Russell S. Fowler, M.D., Chief Surgeon First Division, German Hospital, Brooklyn, New York. Third Edition rewritten and enlarged. Octovo valume of 611 pages with 212 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.50 net. The J. F. Hartz Co., Ltd., Toronto, sole Canadian Agents.

Here is the very information the surgical nurse must know, and presented so clearly and interestingly as to be readily assimilable, and every procedure well illustrated. Every nurse's library should contain this work.

"Gynaecology for Nurses and Gynaecological Nursing;" by Comyns Berkeley, M.A., M.D., B.C. Cantab., F.R.C.P. (Lond.), M.R.C.S. (Eng.), Obstetic an Gynaecologic Surgeon, City of London Lying-in Hospital; Surgeon to In-Patients, Chelsea Hospital for Women; Examiner in Midwifery and Diseases of Women to Oxford University and Conjoint Board of England and to the Central Midwives' Board.

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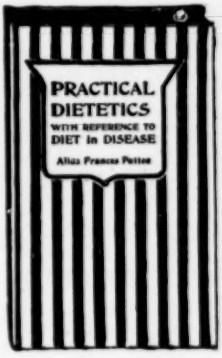

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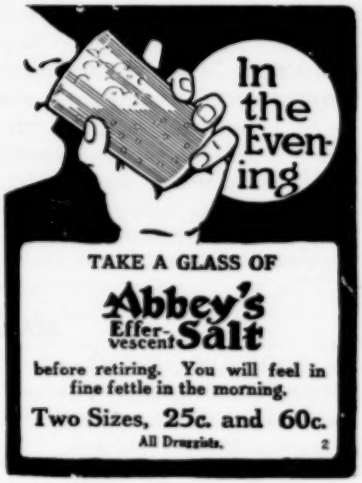
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